

REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. HOE95/F236US
LVM Reference No. 225035
First Named Inventor Frank, Dierk
Original Patent No. 6,316,092
Original Patent Issue Date (Month/Day/Year) 11/13/2001
Express Mail Label No. EV 329750030 US

17513 U.S. PTO
10/706482

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Transmittal Form with Fee	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 USC 119) (If applicable)
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS) <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of Listed Documents
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (If applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> Offer to Surrender Patent	12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Other: Copy of terminal disclaimer with respect to original patent.

Instructions for Calculating Claim Fees:

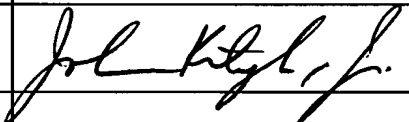
If Total Claims In Patent is greater than 20, use Number Filed In Reissue Application minus Total Claims In Patent; if Claims In Patent is less than 20, use Number Filed In Reissue Application minus 20.

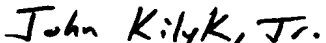

CLAIMS AS FILED - PART 1					
BASIC FEE					\$ 770.00
	CLAIMS IN PATENT	NUMBER FILED IN REISSUE APPLICATION	NUMBER EXTRA	RATE	
TOTAL CLAIMS	21	56	35	x\$18.00	\$ 630.00
INDEPENDENT CLAIMS	3	6	3	x\$86.00	\$ 258.00
Total of above calculations =					\$1,658.00
Reduction by 50% for filing by small entity =					(\$0.00)
TOTAL =					\$1,658.00

CLAIMS AS AMENDED - PART 2					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	
TOTAL CLAIMS	-			x\$18.00	\$
INDEPENDENT CLAIMS	-			x\$86.00	\$
Total of above calculations =					\$
Reduction by 50% for filing by small entity =					(\$)
TOTAL =					\$

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18. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-1216 in the amount of \$1,658.00. A duplicate copy of this sheet is enclosed.	
19. <input type="checkbox"/> A check in the amount of \$ is enclosed.	
20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:	
a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16.	
b. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.17.	
21. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number:	<input checked="" type="checkbox"/> Robert J. Follett, Reg. No. 39,566 Cabot Corporation Billerica Technical Center 157 Concord Road Billerica, MA 01821-7001 Telephone: (978) 670-6100 Facsimile: (978) 670-8027
Name	John Kilyk, Jr., Reg. No. 30,763
Signature	
Date	November 12, 2003

Certificate of Mailing Under 37 CFR 1.10		
I hereby certify that this Reissue Patent Application Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated below and is addressed to: Mail Stop Reissue, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.		
		November 12, 2003
Name of Person Signing	Signature	Date

Reissue Transmittal (Revised 10/1/03)